

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

**CALIFORNIA
FORM
460**

Statement covers period from <u>01/01/2017</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>
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Page 1 of 5
For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- Primary Formed Ballot Measure Committee
- State Candidate Election Committee
- Controlled
- Sponsored
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

3. Committee Information

I.D. NUMBER
1390966

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Mike Cordero For Council 2020

STREET ADDRESS (NO P.O. BOX) <u>2151 S College Dr Ste 101</u>	STATE <u>CA</u>	ZIP CODE <u>93455</u>	AREA CODE/PHONE <u>(805) 922-4881</u>
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STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX <u></u>	STATE <u></u>	ZIP CODE <u></u>	AREA CODE/PHONE <u></u>
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OPTIONAL: FAX / E-MAIL ADDRESS
arybee@aol.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-24-17 Date 7-24-17
By Trent Benedetti Signature of Treasurer or Assistant Treasurer

Executed on _____ Date _____
By Trent Benedetti Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on 7-24-17 Date 7-24-17
By Trent Benedetti Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date _____
By Trent Benedetti Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2017</u>	through <u>06/30/2017</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cordero for Council 2020

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Expenditure Limit Summary for State Candidates	
1. Monetary Contributions	Schedule A, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>25.00</u>		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>0.00</u>	\$ <u>25.00</u>	20. Contributions Received	\$ <u> </u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	21. Expenditures Made	\$ <u> </u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>0.00</u>	\$ <u>25.00</u>		
Expenditures Made					
6. Payments Made	Schedule E, Line 4	\$ <u>959.44</u>	\$ <u>959.44</u>		
7. Loans Made	Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>959.44</u>	\$ <u>959.44</u>		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>		
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>959.44</u>	\$ <u>959.44</u>		
Current Cash Statement					
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>8,487.55</u>		To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
13. Cash Receipts	Column A, Line 3 above	\$ <u>0.00</u>			
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0.00</u>			
15. Cash Payments	Column A, Line 8 above	\$ <u>959.44</u>			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>7,528.11</u>			
<i>If this is a termination statement, Line 16 must be zero.</i>					
17. LOAN GUARANTEEES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>			
Cash Equivalents and Outstanding Debts					
18. Cash Equivalents	See instructions on reverse	\$ <u>0.00</u>			
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>25.00</u>			

*Amounts in this section may be different from amounts
reported in Column B.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Mike Cordero for Council 2020

CODES:

If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	PRT	print ads

SCHEDULE E	
CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2017</u>	through <u>06/30/2017</u>
Page <u>4</u>	of <u>5</u>
I.D. NUMBER	
<u>1390966</u>	

NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. number)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO		<u>56.05</u>
Chase PO Box 94014 Palatine, IL 60094	TRC		<u>301.29</u>
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	OFC	netfile software renewal	<u>395.00</u>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 959.44
2. Unitemized payments made this period of under \$100 \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 959.44**

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded to whole dollars.

Schedule E (Continuation Sheet) Payments Made		CALIFORNIA FORM 460
Amounts may be rounded to whole dollars.		
Statement covers period from <u>01/01/2017</u> through <u>06/30/2017</u>		Page <u>5</u> of <u>5</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER <u>1390966</u>
Mike Cordero for Council 2020		

CONES: If one of the following

CMP	campaign paraphernalia/misc.
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LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/posse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
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Benedetti & Associates, CPA INC.
2151 S College Dr Ste 101
Santa Maria, CA 93455
(IF COMM. FEE, ALSO ENTER ID. NUMBER)
PRO 138.70

Benedetti & Associates, CPA INC.
2151 S College Dr STE 101
Santa Maria CA 93455
PRO 68-40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

207.10

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/225-3772)
FPPC Form 460 (Jan/2016)
www.fppc.ca.gov